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**** CONTINUING DATA *******

This application is a CIP of 10/178,030 06/21/2002 PAT 6,767,356
 which is a CIP of 10/036,690 12/21/2001 PAT 7,074,232
 which is a CIP of 09/915,107 07/25/2001 PAT 6,533,762
 which is a CIP of 09/884,782 06/19/2001 PAT 6,755,842
 which is a CIP of 09/658,786 09/11/2000 PAT 6,322,580
 which claims benefit of 60/230,234 09/01/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 58	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

28390

TITLE

Advanced wound site management systems and methods

FILING FEE RECEIVED 767	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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